

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040597

FILED VS NOV 9 1960

INDEXED

Registration District No. <u>317</u>		Primary Registration District No. <u>590</u>		Registrar's No. <u>3027</u>		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST LOUIS,</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PAGEDALE</u>		Length of stay in 1b <u>YRS.</u>		c. CITY OR TOWN <u>PAGEDALE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1479 70th ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>1479 70th ST.</u>		Reside on Farm <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>BRUCKER</u> Last <u>BRUCKER</u>				4. DATE OF DEATH <u>OCT, 22, 1960</u> Month <u>22</u> Day <u>1960</u> Year			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/23/1889</u>	
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT ARTHUR BRUCKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>#</u>		17. INFORMANT Address <u>MADGE WIGGINGTON 1479 70th ST.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>None.</u> <u>4 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>1958</u> to <u>present.</u> and last saw her alive on <u>10/14/60</u> Death occurred at <u>10/22/60</u> <u>9 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ron B. Sammes, M.D.</u>		22b. ADDRESS <u>100 N. Euclid St. Louis 8</u>		22c. DATE SIGNED <u>10/24/60</u>			
23a. REMOVAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10/24/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PITTSBURGH KANSAS</u>	
24. FUNERAL DIRECTOR <u>STROOT - CARROLL</u>		ADDRESS <u>4600 NAT'L BRIDGE</u>		25. DATE RECD. BY LOCAL REG. <u>10-24-60</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

If this body is not embalmed, fact should be so stated above.